

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1540

JAN 23 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 306

1. PLACE OF DEATH:

Adair

(a) County

(b) City or town Kirksville

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

701 710 North Luther Street /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community

years, months or days)

3. (a) PRINT

FULL NAME Eliza A. Whittman

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex female5. Color or
race white6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

John S. Whittman

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

March311865

(Month)

(Day)

(Year)

8. AGE:

Years

75

Months

9

Days

6

If less than one day

hr. min.

9. Birthplace

HannibalMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

athouse wife

11. Industry or business

unknown

12. Name

unknown

13. Birthplace

unknown

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

unknown

(State or foreign country)

16. (a) Informant

Mrs Anna L Brown

(b) Address

701 N. Luther Street17. (a) Burial

(b) Date thereof

1-9-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Mount Olivet Cemt.

18. (a) Signature of funeral director

W. H. Wiley

(b) Address

Kirksville, Mo19. (a) Jan 8/41(b) Spencer L. Freeman

(Date received by registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri(b) County Adair(c) City or town Kirksville

(If outside city or town limits, write "RURAL")

(d) Street No. 701 North Luther

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

January day seventhyear 1941

hour

minute 30

A.M.

21. I hereby certify that I attended the deceased from

April 201940to January 71941that I last saw him alive on January 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosishypostatic pneumonia

Duration

Due to

Intra-articular fracture of

Due to

hip joint following

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Wm. C. Kelly

(M. D. or other)

Address

612 W. Jefferson

Date signed

1/8/41

145 m
RECEIVED

District Health Officer No. 10

District File Number 1-41-175

Date Filed JAN 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Laura Riley

Licensed Embalmer No.

3907

P. O. Address

Kirkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1540

Registration District No.

Primary Registration District No.

Registrar's No.

306

1. PLACE OF DEATH:

- (a) County Adair
(b) City or town Parisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMEEliza a whittman

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

7

5. Color or
race w

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

7596

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) Mar - 29/4
(Date received local registrar)

- (b) Spencer L. Freeman
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

DEATH CERTIFICATION

20. DATE OF DEATH Month Jan day 7
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis
Hypostatic pneumonia

Due to Intra Capsular Fracture
of hip joint following
Cerebral Thrombosis

Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident (by fall)
(b) Date of occurrence About a year previously
(c) Where did injury occur? Parisville Adair Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home (yellow kitchen linoleum)
While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature Wm. C. Kelly (M. D. or other) DO
Address 914 C. Patterson, Parisville, Mo Date signed 4/2/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-1540